

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, AUGUST 12, 1869.

[VOL. IV.—No. 2.]

**Original Communications.**

**ON A FRACTURE OF THE ARCH OF THE LUMBAR VERTEBRÆ.**

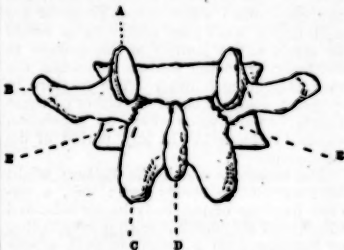
Read before the Boston Society for Medical Improvement by **JEFFRIES WYMAN, M.D.**

THE separation of the arch of the lumbar vertebræ, here described as a fracture, is often noticed in the preparation of skeletons, but we have not seen it mentioned by either anatomical or surgical writers. Dr. Frank H. Hamilton, however, in the second edition of his treatise on fractures, in referring to an account of this injury communicated to him by the writer, states that it appears to be undescribed. Attention is now called to it because it appears to be a distinct species of fracture, though a comparatively unimportant one, and has characteristics as constant as those of the fracture of the neck of the femur or of any other bone which has received a specific name. The only fractures of the arch of the vertebræ described by systematic writers, are either through the laminae between the spinous and articulating processes, through the spinous process itself, or through the pedicle. The one before us takes place in quite a different direction, as regards the arch of the vertebræ, and has been thus far noticed only in the lumbar region, and, in consequence of the structural peculiarities leading to it, is likely to happen only in this region.

These peculiarities are as follows. In the dorsal region the arches are characterized by the breadth of their laminae, and by having the transverse processes implanted just between the articular ones, where, in consequence, the arch becomes greatly strengthened, in fact has its greatest strength. In the lumbar region the transverse processes are thrown further forwards, so as to rest more upon the pedicle, while the upper and lower articulating ones become more widely separated from each other, the lower ones being carried downwards, and the bone connecting them so contracted as to form a somewhat slender neck; thus the

VOL. IV.—No. 2

part in question becomes the weakest instead of the strongest portion of the arch, as will be seen in the figure at the lines of



Fifth lumbar vertebra seen from behind. A, upper articulating process; B, transverse process; C, lower articulating process; D, spinous process; E E, neck and line of fracture.

fracture, &c. In a series of vertebral columns, however, this condition exists in different degrees; in some the neck referred to being quite strong, in others so slender as to be easily broken, and in others more or less intermediate in strength. When the neck is broken at the lower articular processes, the laminae and the spinous process become detached from the rest of the vertebræ, leaving the upper articular processes and the pedicle connected with the body.

In all the cases examined the fracture was either in the fourth or fifth lumbar vertebra, and remained ununited. The opposing surfaces of bone have the usual roughness, and in some instances the neighboring parts are the seat of irregular bony deposits. In two, the surfaces have been worn smooth by mutual friction. In a single instance the fracture existed on one side only. The elasticity of the neck on the unbroken side is such as to allow the broken surfaces to be separated from each other for the distance of half a millimetre, and to allow also some lateral motion.

To the seven cases of the fracture of the arch of the lumbar vertebræ formerly mentioned to this Society (Proceedings, Oct. 22d, 1862) four others may now be added,

[WHOLE No. 2163,

all from Indian skeletons—viz., two, both of the fifth lumbar vertebra, from an ancient cemetery in Kentucky; and two, one of the fourth and the other of the fifth, both from the same individual, from an ancient cemetery in Florida.

The question naturally arises whether the condition we have assumed to be a fracture may not be considered an arrest of development, and consequently only a permanent separation of parts, distinct in the fœtus, but which in the ordinary course of things become united in the adult. In answer to this objection it may be said, that the only place where a non-union of the arch might occur from such a cause would be either at the joining of the pedicle to the body, or on the median line when the laminae join each other. The fracture in question does not occur at either of these points, but at a place where no separation exists in the fœtus at any period of development.

The causes to which the fracture might be ascribed are chiefly two; one, a forcible bending of the body backwards, and the second the shock resulting from falling or jumping from a height in such a way that the shock is transmitted from above downwards through the pelvis. In this last case, in consequence of the obliquity with which the vertebral column rests upon the sacrum, and the yielding of the intervertebral substance, the momentum of the trunk tends to displace the column forwards on the base of this bone. The chief resistance offered to such displacement would be from the lower articular processes of the fifth lumbar vertebra as they press against the upper ones of the sacrum. An analogous tendency to displacement would of course exist at the union of the other lumbar vertebrae with each other, which would be exerted in an analogous manner. As, however, the neck described above becomes stouter the higher up it exists, the greatest liability to fracture is in the lowest part of the column.

We know of no recognition of the existence of this fracture during life, and it is not probable that any marked symptoms would occur in connection with it other than those which might be ascribed to a severe strain.

MADAME LA PHARMACIENNE.—A *pharmacie* has just been opened at Montpellier by Madame Deumergue, Bachelor in Science, this being the first establishment of the kind in France under the direction of a lady.

#### AMAUROSIS OF BOTH EYES FOLLOWING EPILEPTIFORM ATTACK.

By G. E. FOSTER, M.D., Springfield, Mass.

Mr. J. H., aged 35, by birth a Frenchman, by occupation a carpenter. Has always been a healthy man up to January, 1869, when he complained of severe pain in the occipital region, often coursing down the back as far as the third or fifth dorsal vertebra. He consulted a physician, and kept growing worse to the 27th of March, when I was called to see him. At that time he was having daily four (4) epileptiform attacks; bowels very much constipated; tongue covered with a deep yellowish-white coating. Upon the 28th, I gave him a cathartic, which unloaded his bowels thoroughly and cleared the coat from the tongue in a measure. The attacks then increased to six (6) a day, each attack lasting from twenty minutes to half an hour. I then began with the bromide of potassium gr. vi., fluid extract of valerian ʒij., camphor water ʒi., three times a day, which had little effect upon the attacks; I then doubled the dose of bromide, which began to control the attacks, and on April 20th he was having only two attacks a day. The bromide was then increased to forty-five grains daily, when the attacks ceased; it was then discontinued, while the valerian and camphor were alone used. The appetite improved and the bowels became regular. About three weeks after, I was called to see him again, when he said that for two or three days he had suffered from pain in both eyes, and the vision was hazy; this symptom increased rapidly, and in five days he was totally blind. Upon the 24th of May I applied a blister over each eye, and sprinkled the raw surface with one third of a grain of sulphate of strychnia, allowing it to remain until the following day, when a fresh application was made. Upon the 2d of June I doubled the amount, and so continued to do each day until I reached five grains over each eye, when he could discern light. The quantity was increased to six grains, and in two and a half days his vision returned, as good as before. He has had no attack since the bromide was stopped, and has returned to work, feeling quite strong. He is now taking tartrate of iron and potash.

At the recent commencement of the Cincinnati College of Medicine and Surgery, the degree of Doctor in Medicine was conferred on seventeen graduates.

## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

APRIL 26th.—*Malignant Disease of the Liver; weight 16 pounds.*—Dr. COTTING reported the case.

I. C., aged 39 years, unmarried. Feb. 10th, 1869. Reported that she had been afflicted for about six weeks with soreness in region of stomach, with slight swelling of the abdomen, and some pain, which had now passed off. There had been also some constipation, which was relieved by aperients. Her catamenia had been irregular of late, and ceased last month. Her strength also had gradually failed. Her appetite was good; she ate the usual quantity, and generally retained it well. A few times there had been a little nausea, but never vomiting. Bowels regular now. Respiration quiet, easy, and undisturbed. Pulse rather feeble, 105. In hepatic region, a little to right of median line, a tumor projected forward, about the size of a small saucer, and somewhat tender to the touch—apparently a portion of, or connected with the liver. There was no jaundice. Urine rather thick and high-colored; passed regularly, with no abnormal indication other than a trace of albumen.

Feb. 21st.—Tumor much larger.

March 3d.—Lies on back. Cannot turn over to left without producing a "snap," accompanied with great distress in left side, at or near the edge of the ribs. Tumor extends below the navel on right and middle, and, diagonally upward, half across the left side; is roundish, elastic, with a semi-fluctuating feel, and tender on firm pressure in spots. No nodulation or irregularity of surface discoverable. Has had little or no sleep for two nights. Sat up in bed last night, as she preferred this position to lying on back with feet drawn up, the only other way tolerable. Moans much on dozing. Respiration easy, natural, 26. Pulse feeble, 96. Skin natural; no jaundice. Bowels regular; dejections "daily, and as natural as in perfect health." Appetite pretty good. Takes meat and other solids; nothing hurts. Sits up most of the day, and goes about the house, up and down stairs, &c.

March 23d.—Has taken to her room. When in bed lies on back; with much more comfort than previously. Respiration easy. Pulse 115. Has vomited several times

within a day or two. Has, besides normal dejections, frequent small, watery discharges by drops from bowels. Directed two fluid-ounces of citrate of magnesia. Tumor larger, extending quite to ribs of left side, with separate prominence and a division or sulcus between. The sensation of fluctuation very marked.

April 3d.—Vomiting, or rather regurgitation of food, has occurred occasionally, but not every day. Much exhaustion, but little pain of any kind. Generally sleeps a good deal, but last night not so well, with some pain, which was unusual. Magnesia produced very large dejections of normal feces. No dejection for two or three days past. Now, nodulated masses may be felt in right iliac region, probably accumulated feces. Urine thick, high colored, scanty. Respirations quiet, 24. Pulse very thready, 130, and even more on slightest exertion. Some sallowness; tending to jaundice. Swelling of feet has come on, and is increasing. General emaciation extraordinary. Tumor immense; somewhat tender over sulcus.

From this time she ran down rapidly, became astonishingly wasted; decidedly jaundiced; and, after remaining apparently moribund for a day or two, though conscious and without acute pain, she sank, and died at 3, A.M., of April 16th.

*Autopsy*, twelve hours after death, made and reported by Dr. John Homans.

"No rigor mortis. Extreme emaciation. Abdomen much distended. An elastic tumor, covered with peritoneum, and arching up to a height two and a half inches above the level of the ribs, extends from the epigastric region to below the umbilicus, and occupies both hypochondria; this tumor is the liver enlarged by very extensive encephaloid disease. The transverse colon, filled with soft feces, is pressed down into the pubic region. The stomach is much compressed in the posterior portion of the left hypochondrium, and cannot be seen without removing the tumor; it is apparently not capable of containing more than a pint of fluid. The diaphragm and lungs have been pushed upwards, so that the tumor reaches to the cartilage of the third rib on the right side and that of the fourth on the left, as shown in the figure on the next page. The parietal peritoneum of the abdomen is more or less adherent to the peritoneum covering the anterior surface of the tumor. The tumor, when removed, weighed, before being cut into, 16 pounds; weight of corpse, by estimate, being not over 90 pounds. Length

of tumor 10 inches, and its breadth 9. It had an elastic, semi-fluctuating feel, and on being cut into was found to be a cancerous liver in a state of advanced degeneration; but little of the hepatic tissue was left. Gall-bladder rather large, containing very green bile; ducts pervious. The abdominal cavity contains about twelve ounces of dark, offensive, bloody fluid and several large masses of coagulum, showing that there has been hæmorrhage from some vessel of considerable size. Heart flabby; white spot on right ventricle. Walls of pulmonary artery very thin. Other organs not remarkable."



Dr. JACKSON said Dr. Ellis had reported, some months since, a case supposed before death to be a cancerous enlargement of the liver; but at the autopsy this organ was found healthy, while a very large mass of cancerous disease was found behind it, exactly resembling the liver in the present case, at first sight. If it is, as it is said to be, degenerated encephaloid, some portions ought to be found that are not thus degenerated; but this tumor is homogeneous throughout.

Dr. J. HOMANS remembered that in Dr. Ellis's case the cut surface glistened with cholesterine, while in the present tumor there was none; the liver also contained cancerous nodules.

Dr. JACKSON, in answer to Dr. Coolidge, said he had seen primary malignant disease of the liver several times, and when there was no disease of the stomach; but both of these organs are very generally affected

when the liver is, and then it is impossible to say which was first affected. He had seen an encephaloid liver that weighed ten pounds, and that was the largest he had seen till the present one.

Dr. J. HOMANS had once seen a liver weighing fourteen pounds, but it was not cancerous, apparently hypertrophied.

To the remark of a member that in connection with the smallness of the stomach, it would be interesting to know about what amount of food the patient took, Dr. CORNIE submitted the following account, drawn up and given to him by the family:—

"From the 10th of February to a fortnight of her death, she ate for breakfast, at 9 o'clock, a quail, two potatoes, a slice of toast, and drank a large cup of tea. At 11, a glass of wine and slice of cake for lunch. Her dinner, at 2 o'clock, consisted of half a 'spring chicken,' one—and sometimes two—baked potatoes, and two glasses of cider. At 7, a slice of bread, with two sardines, and cup of tea, and at 9 a glass of wine and piece of sponge cake, completed her diet for the day. This was the usual quantity; sometimes it was beef-steak, or venison, or grouse, in place of chicken—but little difference except in variety. She usually ate three or four oranges and one or two bananas during the day. Sometimes she would throw up her food, which was attributed to her having taken too much. But it caused no more effort than swallowing it. The following eleven days her food consisted of nearly a quart of porridge—quite thick—with cream, and the usual quantity of cake and wine. The next two days she took only two glasses of milk, each day, and about a pint of Bourbon whiskey, and the last day nothing but the whiskey."

APRIL 26th.—A half-franc piece lying six weeks in the air-passages and finally ejected. Dr. H. K. OLIVER reported the case.

A Frenchman came to him at the request of Dr. H. G. Clark. He had applied to Dr. C. in the belief that a French half-franc piece was lodged somewhere in the larynx, and Dr. C. desired that a laryngoscopic examination should be made.

The history of the case was as follows:—Six weeks previously, while suffering from a "gumboil," he applied the silver piece and a bit of zinc to the part, in the belief that he could dissipate the trouble by galvanic action. He sat meanwhile in a high chair with the head thrown back, and by some means the silver coin slipped from his fingers and fell into the throat. The bit of zinc he retained hold upon. The coin

seemed to him to have lodged in the larynx. There was, at first, not much cough or other troublesome symptom, but he could feel it moving up and down for the first two or three days, the feeling being referred to the larynx. On the third or fourth day and subsequently, difficulty of breathing and considerable cough were excited, whenever he lay upon his left side. These symptoms were relieved almost entirely by turning upon the right side, when he could feel the coin change from one side of the larynx to the other. Symptoms of a "cold" meanwhile came on, which, however, were mitigated during the ten days previous to his visit to Dr. Oliver. He had applied to several physicians besides Dr. Clark, to all of whom, as well as to Dr. Oliver, the symptoms seemed less grave than are usually seen under similar circumstances.

A laryngoscopic examination showed the mucous membrane of the larynx, including that of the vocal cords, considerably injected, but careful and repeated search failed to reveal any foreign body, either in the larynx itself or outside of it. The hyoid fossæ (the spaces between the wings of the thyroid and the lateral portions of the cricoid cartilages) were carefully investigated, as was also the entrance to the œsophagus. Particular care was also exercised in the search at the openings of the ventricles of the larynx. The bifurcation of the trachea was not seen. The patient, notwithstanding, insisted that the coin was lodged in the larynx, as all the unusual feelings were experienced there. It was evident, however, that the coin must be, if anywhere, lower down, and with the idea of dislodging it, the man was placed upon a couch with the head and chest depending over the side, so that the top of his head touched the floor. His body in fact was nearly perpendicular. In this position he coughed strongly, while repeated blows were made upon his back by Dr. Oliver. In a few seconds the cough became suffocative in character, and obliged him to assume the upright position. He insisted that while "on his head" he had felt something change position in his larynx, so as to choke him. A second attempt at coughing in the position above described produced the same effect, and the same feeling of obstruction was described by the patient. The same thing was attempted a third time, and immediately on regaining the upright position, the patient coughed the coin into his hand. It was a half-franc piece, was not particularly tarnished, and was covered with bloody mucus. On examination there was no ap-

pearance of blood anywhere, either inside or outside of the larynx.

It should be remarked that an examination of the lungs was made by Dr. Clark, who found none of the symptoms which might be expected to exist in the case of a foreign body in the trachea.

This patient reported to Dr. Oliver, a fortnight subsequently to the ejection of the coin, that he rapidly got rid of all the uncomfortable symptoms which he had previously suffered.

JUNE 14th.—*Rupture of a Retinal Vein from a blow on the head. Spontaneous recovery.* Dr. H. DERRY reported the case.

"Dr. —, æt. 37, called on me May 25th, complaining of defective vision of left eye. The evening previous, while rising from a stooping posture, he had struck this side of his head with some violence against a table. Floating spots were directly perceived, and the vision was soon ascertained to be impaired.

"I found the eyes externally normal. A moderate amount of myopia ( $\frac{1}{4}$ ) was present. Vision of the right eye was equal to unity, that of the left was only two-sevenths as great. On dilating the pupil of this eye, numerous dark particles were seen floating up and down in the vitreous. On bringing the optic nerve into view their source became apparent. Just where one of the veins passed over the edge of the disc was a little clot of blood partially obscuring its course; and on exchanging the monocular for the binocular ophthalmoscope, in other words using a stereoscope instead of a simple magnifying glass, this clot was seen to project out into the vitreous humor from a little rent in the side of the vein. This vessel had been ruptured by the blow on the head; hæmorrhage into the eye had at first taken place, until the further flow of blood was rendered impossible by the process of coagulation.

"Rest of the eyes was enjoined, and a pair of blue glasses given for the purpose of protection.

"June 3d.—I saw the patient again. The clot had entirely disappeared, vision had mounted up to two-thirds of the normal standard, and the vitreous was nearly entirely clear.

"This case is related as an illustration of the use of the binocular ophthalmoscope in the diagnosis of disease. The fact that two eyes are better than one does not seem to be as generally appreciated by observers as its importance deserves. It is certain in the present case that what appeared to the simple mirror to be a mere smooch of

blood overlying a vein, was discovered by the binocular to be a tangible plug projecting forward from the side of the vessel. By the substitution of one instrument for the other its level was instantly changed.

"Of such importance are changes of level in the study of ophthalmoscopic disease, so difficult are they (when slight) of detection in the ordinary way and so easy in this, that it is remarkable that the regular employment of the binocular ophthalmoscope should not have already become more general."

JUNE 14th.—*Facial Paralysis. Disease of the Temporal Bone and of the Brain.* Dr. MINOT reported the case.

The patient was a man, 28 years old, a pedlar by trade, who entered the Massachusetts General Hospital, May 12th. His father and mother were both phthisical. He was well till two years ago, when an abscess under the right jaw, owing to a carious tooth, was lanced. At the same time a discharge from the right ear began, which continued ever since. He was a little deaf in that ear. In October, 1868, after exposure to wet and cold, at sea, he had an attack of pleurisy, and ever since had a slight cough, with expectoration, which was occasionally speckled with blood. On May 2d he took a long walk in the rain, and the next day found the muscles of the right side of the face to be paralyzed. On entrance, he complained of vertigo, and the facial paralysis was found to be complete. The whole body of the tongue, when protruded, was pushed over to the right side, but the tip could be freely moved from side to side. The right arch of the palate was higher and rounder than the left. The uvula was slightly inclined to the left. Shortly after entrance he complained of pain in the head, which continued to the last. Vomiting became an urgent symptom, and was followed by delirium. It was noticed that he sweat more on the right side of the head than on the left. He had one attack of hæmoptysis while in the hospital, and there were signs of tuberculous disease in the left lung. He died May 26th.

Dr. J. O. GREEN, Jr., who examined the temporal bone, gave the following account of the autopsy.

"Whole of petrous portion of right temporal bone removed. Meatus externus filled with thick, purulent discharge. Meatus internus filled with pus, and the dura mater around, for the distance of  $\frac{1}{2}$ ", dissected up, leaving the bone bare but not carious. On washing away the pus the facial and auditory nerves at their exit from the meatus

were distinct and apparently not affected. At the orifice of the aqueductus vestibuli, on the posterior aspect of the petrous portion of the bone, the dura mater was bulging for a space  $\frac{1}{2}$ " in circumference, and pus was exuding through a small opening.

"Lateral and petrosal sinuses not affected.

*No caries of the bone at any point.*

"Roof of tympanic cavity unusually thick; this was removed and the cavity found filled with muco-purulent matter; the mucous membrane lining it was much swollen and of a livid color. Hammer whole and distinct, but no signs of sulcus.

"The cavity was then opened by sawing through the whole bone. The membrana tympani much thickened by hyperæmia and swelling of the mucous lining, and perforated both anterior and posterior to the hammer, the anterior being the larger perforation; hammer normal and in normal position, but completely buried in the swollen mucous membrane of the drum.

"The mucous membrane on the promontory swollen, completely filling the depressions of the foramen ovale and foramen rotundum. No traces of the stapes, but this might have been torn out by the saw. Thick, adhesive, purulent matter exuded from both oval and round foramina, and the vestibule was entirely filled by the same. Cochlea opened by sawing through its pyramid, but to eye appeared normal, without pus. The meatus internus was opened by sawing through its longitudinal diameter: the facial nerve appeared normal, but the auditory nerve was discolored and surrounded by and infiltrated with pus.

"The Fallopian canal in its passage through the tympanic cavity seemed to be only a groove, no bony wall separating it from the cavity, and the facial nerve was here only covered by the swollen mucous membrane: the nerve appeared normal, and the inflammation had not extended into the Fallopian canal.

"The semicircular canals contained no pus and appeared normal.

"The mastoid cells were few in number, but all contained muco-purulent matter.

"A microscopic examination of that part of facial nerve taken from tympanic cavity showed no disorganization."

Dr. SAMUEL WILLEY, President of the Minnesota State Medical Society, offers two prizes of \$50 each for the best essays—one on "Endemic and Epidemic Diseases of Minnesota;" the other on "Cerebro-spinal Meningitis."—*Cincin. Lancet and Observer.*

## Bibliographical Notices.

*The Principles of Naval Staff Rank; with its History in the United States Navy for over half a Century.* By a Surgeon in the U. S. Navy. 1869. 8vo. Pp. 240.

In the pamphlet, of which the above is the title, the claims of the surgeons and other staff officers of the Navy to rank and pay commensurate with their terms of service, &c., are set forth in a clear and satisfactory manner.

The author is evidently well acquainted with the subject of which he writes, and has no doubt felt the force of the evils of which he complains.

The question of "rank" has been the source of annoyance and irritation to the staff ever since the establishment of the Navy, and no real, honest attempt has yet been made to set the matter at rest.

A general order may be issued by a Secretary of the Navy under pressure of circumstances, which seems to confer the honors of rank, but nothing can do so in reality and permanently but an Act of Congress. It is this which the "staff" of the Navy ask, and which the "line" oppose.

The opposition of the line seems to arise from two sources—one, from the untenable dogma that "rank gives command," and that conferring rank upon the staff would therefore tend to subvert the discipline of the service; the other, that the staff officer would claim the right of the cabin, and that the admission of too many to such privileges would tend to depreciate their value.

Now a surgeon may have the honors and emoluments of his office increased, and his position in the ship changed from poorer to better quarters, without giving him more command over any of the line than he now has. This need not give him any command whatever, except over other surgeons.

The claims therefore of the staff seem to be just ones, and Congress should see that they are not turned off unheeded. The lack of adequate pay and prospective honorable position already keep too many good men from entering the service. What encouragement is there at present for the young surgeon of ability to enter the Navy? Only this, that he shall always find himself out-ranked by mere boys of the "line," and never be able to get beyond the ward-room table—not a very promising prospect to an aspiring young man, whose younger brother, the midshipman, with less ability and effort perhaps, may in a few years be the

autocrat of the cabin in the same ship with himself.

It has even been proposed by some of the line to do away with altogether the medical department of the Navy, and merely employ surgeons for the cruise. But competent medical officers could not be obtained in this way—such cannot be made for the occasion; they must grow up to the requirements of the service, with as much exertion and study as a line officer, if not more. A plan like this, however, would give a good opening to recent graduates of uncertain standing, and unsuccessful practitioners of an older date—but the poor sailors, would they not need our pity?

The question of rank is of great moment to the well being of the Navy, and especially so to the staff at the present moment. On the 16th of March last, Mr. Grimes's bill, crushing the very life out of the staff, passed the United States Senate, and now lies in the hands of the naval committee of the House, to be acted upon probably in December next. The effect of such a bill, if passed, must be disastrous to all, and the "line" will rue it in the end equally with the rest.

To any one not acquainted with the merits of the case, the book before us will prove most instructive, as in it the whole subject is well and truly set forth—in what the staff have to endure and to fear; "what they want" and "what they do not want." Let it be read by all.

*A copy of this book should be in the hands of every member of the House and read by him before he votes on Mr. Grimes's Bill.*  
c.

*A Manual of Elementary Chemistry,* by Geo. FOWNES, F.R.S., late Professor in University College, London. From the Tenth English Edition. Philadelphia: Henry C. Lea. 1869.

Or this standard work, nine editions have been published. The American re-print of the tenth revised and corrected English edition is now issued, and represents the present condition of the science. No comments are necessary to ensure it a favorable reception at the hands of practitioners and students.

DR. HOLLAND has been elected to the chair of Chemistry, in the Medical Department of the University of Louisville, made vacant by the resignation of Prof. Wright. Dr. David Yandell has been elected to the chair of Clinical Surgery.—*Richmond and Louisville Medical Journal.*

# Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 12, 1869.

## NOTES FROM FRENCH AND OTHER JOURNALS.

**Arterial Atheroma.**—The *Gazette Hebdomadaire*, in its sketch of the thesis of M. Lecorché, at *concours*, says that Virchow described, under the name of *chronic endo-arteritis—nodous or distortive*—the vascular inflammation which produces atheromatous lesions. To-day his view is generally received. And now M. Lecorché, after having stated those microscopic appearances of atheromatous lesions which all are familiar with, describes with care all the phases of this morbid process. The soft and the hard nodosities (gelatinous, cartilaginous or milky) are the expression of the inflammatory period, as is proved by the irritative proliferation of cells, and sometimes also of elastic tissue, which constitute the deeper layers of the internal arterial membrane. To this active period succeeds the period of degeneration, during which the atheromatous pustule supervenes as the product of the fatty degeneration of the tissue primarily irritated and in proliferation. The pustule contains, according to its greater or less age, either, on the one hand, cells infiltrated with granulations or with oily particles; or, on the other hand (the cells being destroyed), a detritus formed of cell *débris*, of free oil, of myeline, of margarine, of cholesterine in crystals, and sometimes of hæmatoidine. Never does the pustule [?] contain pus; and herein is one of the peculiarities of this form of chronic inflammation. Now if the pustule burst, its contents are diffused in the blood, and there remains a superficial ulceration, which is liable to spread. If the pustule maintain its integrity, a third transformation takes place, which, beginning with chemical decomposition of the fatty matter into fatty acids, goes on with the addition of lime to the formation, first of margarates of lime, then of carbonates and phosphates, and finally to complete petrification. The calcareous plate is now established. Sub-

sequently, the atheromatous pap is sometimes absorbed, in which case there only remains a sunken eschar. *Pari passu* with the occurrence of these phenomena, the tissue in the neighborhood of the pustule undergoes thickening by proliferation of connective tissue, which thickening may invade the middle and even the external tunic of the artery.

Chronic endo-arteritis should not be confounded with simple fatty infiltration, nor with diffused peri-arteritis, which are both very different processes.

The reviewer remarks that at the point where anatomy has arrived at a complete description of the facts, there reigns great obscurity as to the etiology, the symptomatology, and the consequences of chronic endo-arteritis; but adds that it would be unjust to deny the clinical progress of the question, which progress Mr. Lecorché has endeavored to put in relief in the second part of his work.

**Muscular Atrophy** is the subject of M. Ollivier's dissertation, sketched by the same hand as the preceding. A mere programme, it is said, is all that the present state of science affords relative to this question. Taking as the basis the physiological study of the nutrition of the muscles, for which function the circulation, and the innervation of, and the action proper to, the fibre, are the three fundamental conditions, M. Ollivier examines into the feasibility of a hypothesis of three categories of atrophy. These hypothetical categories are atrophy through disorder of the circulation, through disturbance of the innervation, and by perversion of local nutrition; a physiological classification which is quite logical, but which, says M. Ollivier, has one misfortune. It is not in accordance with the facts. Pathological anatomy is in no better position to supply the object sought, and it is clinical experience alone which enables us to separate instances of atrophy into different groups.

Two principal orders of atrophy may then be clinically set up—the physiological and the pathological. In the first are ranged those cases which result from suppression of function, from inanition, and from senility. The second order, i. e. the pa-

thological, is subdivided into the congenital and non-congenital. These last are arranged, according to the causes which produce them, as atrophy from general disorders (fevers, either acute or chronic diseases of the system at large, pernicious stimuli); atrophy from local causes (lesions of the muscles, of the bones, of the joints, of the vessels, of the central or peripheric nervous system, neuroses); and, lastly, as atrophy *causa ignota*—that is to say, progressive muscular atrophy, atrophy from infantile paralysis, and pseudo-hypertrophic paralysis.

As preliminary to the study of the preceding, the author commences by investigating the pathological anatomy of simple atrophy; and then goes on to a description of atrophy with granular degeneration, with the fatty and waxy degeneration of Zenker, with the *vitreous* degeneration of Cornil and Ranvier, &c. &c.

*Tincture of Paullinia.*—M. Stanislas Martin, in the *Bulletin de la Thérapeutique*, says that the *Paullinia*, which in Brazil, whence it comes, bears the name of "Guarana," is prepared by the Manheem Indians. According to Riadel, he says, it is a compound of tapioca farina, of cocoa and of paullinia seeds, made into a homogeneous paste, and dried in the sun. The names of medical men in Brazil are cited as having praised the drug as a tonic, anodyne and febrifuge. Dr. Martin's analysis showed it to be composed of glycyrrhizin, albumen, gallic acid, bitter resin, fatty matter, and vegetable (including woody) extractive matter. At Rio de Janeiro this substance is given in powder; or made into pills, pastilles, or tincture. Since 1846 it has had a place in French therapeutics, being employed in France in the form of powder or dissolved in alcohol. Dr. M. proposes the following formula for the tincture:—

R. Paullinia in impalpable powder,	100 parts.
Alcohol at 80 degrees,	250 parts.
Distilled water,	250 parts.

Macerate for fifteen days in a bath heated to ten degrees [centigrade], taking care to agitate frequently. Express, and filter through paper.

*Aconite in Tetanus.*—Wunderlich (*Bulletin de la Thérapeutique*) reports two cases  
VOL. IV.—No. 2A

of recovery from tetanus under the use of aconite. A boy of 14 was the first case. The affection was traumatic. There was opisthotonos; contraction of many muscles, particularly of those of the face; convulsions of various character. The second case was that of a man 30 years old. There was general idiopathic tetanus—marked trismus and opisthotonos—muscular contraction and convulsions, as in the preceding case.

*Tetanus; Recovery under the use of Calabar Bean.*—The Practitioner quotes from the *Edinburgh Medical Journal* a case of traumatic tetanus from a punctured wound. The affection lasted twenty days, during the last seventeen of which the bean was taken. It is said that little effect was apparent till as much as a quarter of a grain was given every hour. There was great thirst, and an accumulation of tough and stringy mucus in the fauces and about the angles of the mouth; these symptoms being attributed by the reporter—Dr. Macarthen—to the action of the drug, on the ground that they are *not*, according to Sir T. Watson, a feature of tetanus.

*Tetanus; Recovery under Bromide of Potassium.*—The patient was a boy aged 12—the affection traumatic. Doubts are expressed as to the agency of the drug in the case, since the tetanic symptoms lasted five weeks, and the convalescence three weeks more. This case is also credited by the *Practitioner* to the *Edinburgh Med. Journal*.

MR. ERROR.—My attention having been called to a statement made by Dr. E. Powell at the last annual meeting of the Illinois State Medical Society, and published in the *Chicago Medical Examiner*, Vol. X., No. 7, July, 1869, at page 407, to the effect that "he saw, a few years since, ether administered to a patient in the [City] Hospital at Boston, Mass., who died directly from the effects of the inhalation," I beg leave to say:—That I remember perfectly that on one occasion Dr. Powell was present in the amphitheatre of the City Hospital. I was operating on a patient, by Syme's operation, for perineal section. He became very seriously affected under the etherization; the operation was suspended; stimulants and artificial respiration were employed; the patient rallied;

the operation was resumed and completed without further etherization, and the patient subsequently lived *twenty days*, and died of pyæmia. He was found to have had a serious valvular disease of the heart. He was an old man, enfeebled by extravasation of urine. For the details I would refer to the Hospital Records, Vol. XV., p. 104.

As the statement of Dr. Powell was wanting in precision and void of fact, I have thought it right to place the whole truth before you. No case has yet occurred at the City Hospital of death from an anæsthetic. Sulphuric ether (Squibb's, or Powers & Weightman's) is the anæsthetic employed in this Hospital.\*

Respectfully, D. W. CHEEVER, M.D.,  
One of the Surgeons of the Boston City Hospital.  
*Boston, August, 1869.*

From Vol. XV., Surgical Records of the Boston City Hospital, p. 104 *et seq.* :—

"Feb. 18, 1868. Edward Boice, laborer, æt. 50, No. 1 Friend St. Ten years since contracted gonorrhœa. Five years ago had stoppage of urine. Three years ago had another stoppage, water coming away by drops greater part of the time, causing severe pain. Fourteen days ago began to be troubled with stoppage and increased pain, which produced great straining; to micturate was almost impossible. Eight days ago first noticed a small lump just anterior to the scrotum, which enlarged on straining (on under side of penis). Since that time the whole organ has been infiltrated, either by urine or serum, so that it was twice the normal size when seen to-day. About two inches of the base is as hard as a stick, the rest œdematous. Phymosis. The scrotum and perinæum are not affected. His urine had entirely stopped, so that he had not urinated for the last twenty-four hours. Bladder very much distended. In great misery.

"Seen by Dr. Cheever at 12, M., and it was found that the urethra was entirely closed about two inches from the meatus. Stricture very firm indeed. He punctured the bladder through the rectum, and drew off about two pints of urine. Removed the canula, and allowed it to dribble through into the rectum. Made three incisions in the base of the penis, and ordered him to be kept under opiates if in pain.

\* As we are about going to press, we would here say that we wrote to Dr. Powell, a week ago yesterday, asking him for further advice as to what he saw in the case he alludes to in "the Hospital in Boston, Massachusetts." His reply has not yet come to hand.—EDITOR, August 10th, 1869.

"Feb. 21st.—Etherized and placed in the lithotomy position. A sharp-pointed, grooved staff was passed into the urethra, but it was found impossible to insert it over an inch. An incision was then made down upon the urethra anterior to the scrotum, and the urethra laid open nearly two inches. This allowed the staff to pass along beneath the scrotum, but another obstruction and a false passage were found. At this time the patient became very feeble. Respiration stopped. Pulse very slow and feeble—at last it stopped. Place him upon his back, and by persevering in artificial respiration, by throwing both arms about the head and then down against the sides, succeeded in restoring patient to life. No more ether was given. An incision was made down upon the bulb, urethra found and opened, and an elastic catheter passed into the bladder and kept there.

"Evening visit. Good pulse, but slightly delirious. Water passes freely through the catheter.

"Feb. 22.—Passed a comfortable night and is rational now. Is comfortable. \* \*

"Feb. 27.—Rested very well during the night. Swelling of the knee increased. Effusion into the joint. Whole leg nearly to the hip more or less œdematous. Blush of knee and leg increased. Veins of thigh loaded. Complaints of pain in the knee. No chills or sweats. Wound in perineum and penis looks well.

\* \* \* \* \*

"March 12.—A very restless night. Hiccoughs and considerable pain. Abdomen very tympanitic and a slight blush just above the pubes. Pulse feeble. Appetite poor. Evidently failing. Emesis. Evening—Failing. But very little urine. Pulse feeble. Countenance pale. 10.40 P.M. Dead. Caused probably by pyæmia and peritonitis. No autopsy."

A true copy,

GEORGE B. STEVENS,  
House Surgeon.

REPLY TO A REVIEW OF DR. BUCKMINSTER BROWN'S BOOK ON ORTHOPÆDIC SURGERY.—A review of the work by Dr. Buckminster Brown on "Orthopedic Surgery" (read before the Mass. Med. Society, June 3d, 1868) appeared in the *New York Medical Journal* for July, 1869, which should not be allowed to pass unnoticed after the complimentary allusion made in this JOURNAL, Feb. 11, 1869. While speaking of the comparative merits of this work and the two recently published by Dr. Lewis A. Sayre, of New York, entitled "On the

Treatment of Club-Foot without Tenotomy." "Practical Manual of the Treatment of Club-Foot," the writer says:—"While it is not within the province of the reviewer to decide the controversy, he is still at liberty to point out anything in the works under consideration which may help to elucidate the point." "It appears certain that a very large proportion of recent cases are curable without tenotomy, and that in them the cure is more perfect and probably is no longer of accomplishment than if section had been made." This conclusion is not drawn from, nor can it be pointed out in any opinion expressed by Dr. Brown, as a reference to Case VI., page 9, will determine; and if from the works of Dr. Sayre, it is in strange contrast to that of the reviewer of them in the *St. Louis Medical and Surgical Journal*, July, 1869, who says: "The author himself is still a believer in the serviceability of the tenotome, and notwithstanding the pretentious title, he uses it in the very cases which he publishes to sustain his new position." In again objecting to tenotomy, the New York reviewer says "that as it only corrects the deformity without reaching the disease in paralytic cases, the cure demands muscular development, and if by reason of an advanced stage of disease this cannot be accomplished, the surgeon has cut away the chief support of the injured foot." Muscular development can be accomplished after tenotomy as well as before (of course waiting until there is union of the tendon), meanwhile supporting the foot by bandages for the short time necessary for that process. In fact, he admits that "where the disease is spastic, union of the tendon frequently re-establishes the disease." In regard to this point Dr. Brown says, on page 9, "The return of power to the paralyzed muscles I have frequently observed after division of the healthy muscles, which are structurally shortened in consequence of the normal balance of power having been destroyed." He calls Case II., which was one of paralytic calcaneo-valgus (the result of spina bifida), double varus, then criticizes the result; the error is obvious on inspection of the photograph. The unusual amount of flexion attained by the surgeon in Case III. (varo-dorsalis) and which must have been of great service to the patient in locomotion (as it was completely under his control), is designated flat-foot, "but with marked dropping of the heel, i.e. traumatic calcaneus." The result of Case X., is termed an accident, flat foot; to this comment we have nothing to offer, the photograph speaks for itself.

H. H. A. B.

GUBERNATORIAL APPOINTMENTS OF MEDICAL MEN.—The profession of this State are much beholden to his Excellency the Governor for the care and discrimination he has used in making his medical appointments. We speak advisedly.

OBITUARY. *Mr. Editor*.—The enclosed notice written by Dr. C. H. Allen, of Cambridgeport, came too late to be inserted in the forthcoming number of the "Medical Communications" of the Massachusetts Medical Society. Dr. A. desires that it be printed in the JOURNAL.

Truly yours, F. MINOT.

THE LATE JOHN APPLETON, M.D.—Dr. Appleton, a great-grandson of an early minister of Cambridge, was born in Salem, in 1809. He received his early education in Salem, and was prepared for college, but his father's death cut off the purposes he had formed of obtaining a collegiate education. On reaching his majority, he resolved to study medicine. He attended the Harvard courses of lectures, studiously fitted himself for the active and responsible duties of his chosen profession, and took his degree of M.D. in 1833.

He began practice in Newbury, Mass., and remained there twenty years. As an associate he was able to shed a genial influence upon those about him. He expressed his views distinctly and honestly, but kindly—indicating clearly his dissent, but keeping his mind open to conviction, even from those younger than himself.

As a man he was never selfish. He regarded the good of others rather than his own—so that he literally loved others better than himself. At twenty-two years of age he was strongly inclined to phthisis, and through life was feeble. His health was often impaired by too great exertions in his calling, and yet at such times he would not refuse to respond to the calls of sufferers in body or mind. He felt deeply for, and cheerfully visited them, even when he expected no pecuniary return. His genial smile, his ceaseless care, his intuitive perception of their wants and needs, secured the love and confidence of his patients. He was so gentle in his words, and so winning in his ways, that his presence in the sick room was no small means of cure.

Dr. Appleton's life was an active one. He was a hard student. The hours of midnight found him poring over his books, so that he was well versed in many sciences and languages, and he kept himself well

posted in the medical literature of his day. Whilst in full practice at Newbury, for fourteen years he daily visited Boston, and discharged very acceptably the duties of Librarian to the Massachusetts Historical Society. \* \* \* \* \*

The later years of his life were ardently devoted to pursuits congenial to his tastes; and though he had not the advantages of a liberal course of studies at college, yet he had so strong a love of learning, that his spare hours through life were diligently spent in acquiring that knowledge of the languages and sciences which subsequently rendered his services so valuable. He had a talent for sketching, painting and designing. He performed admirably on the organ, and wrote some popular airs. He read Latin, Greek, Chinese, French and Spanish. Many years ago he gave lectures on Anatomy, illustrating them by diagrams of his own drawing. He was deeply versed in history, especially the early history of New England.

For fourteen years he was the highly esteemed librarian of the Massachusetts Historical Society, to which his various acquisitions were valuable in deciphering manuscripts, in developing language expressed in cipher, in ascertaining original sources of historic material, and in collecting and arranging for publication many articles relating to the early history of the Colonies. In these services he was truly a genius, and in these respects his place cannot easily be supplied. He retained his powers and desires for usefulness to within a few weeks of his death. He resigned his position as librarian of the Historical Society as a matter of sheer necessity, feeling that a hereditary disease was fast creeping upon him, and would shortly end his mortal life. He died at sixty years of age. Believing fully in a happy future life, and having implicit confidence in the Great Disposer of all events, he cheerfully relinquished extensive sources of enjoyment, ample pecuniary means, family endearments, pleasures of art and love of science, and quietly entered the life immortal.

A.

**THE HOMŒOPATHIC THEORY OF PIN-WORMS AGAIN.**—*Droll*—To see the *New-England Medical Gazette* and the *Boston Journal of Chemistry* seriously contending over the respective claims of Mr. Haserick and Dr. Woodvine to the discovery of the *Homœopathic Theory of Pin-worms*. "When Greek meets Greek," &c.

**MEDICAL AMISTOCRACY LECTURED.**—*Amusing*—For an editor of a "lay" newspaper to presume to lecture the Medical Faculty for not recognizing as a co-ordinate school of medicine that heterogeneous mass of beings who call themselves "Homœopaths."

What do these outsiders know about the matter? *Ne sutor ultra crepidam!* When the astronomer of to-day consents to treat the astrology of the past as other than a pseudo-science; when the chemist does the same by alchemy (or homœopathy we might add); it will be time enough for the scientific physician to think of recognizing those who profess (while they often ignore in practice, as they do their infinitesimals) the dogma that *like cures like*—a vagary resuscitated from former ignorance by modern folly.

**MODERN HOMŒOPATHY.**—The *Medical and Surgical Reporter* (Phila.) furnishes the following extract from the proceedings of the Cleveland Homœopathic Medical Society, recently held in that city:

"Dr. S. R. Beckwith asked if the members had any experience to report on the use of bromide of potassium in epilepsy; said it was a pretty sore remedy, given in *sensible* doses. He related several cases favorably affected by its use.

"Dr. P. Wilson reported, that late clinical reports had shown that in bad cases of epilepsy, it was safe to give as high as *sixty grains of bromide of potassium three times daily*; that such doses caused temporary insanity, which might be continued many weeks, and yet disappear on ceasing the use of the medicine."

The same Journal says, that the reports of the London Homœopathic hospitals show a decided partiality for similar "massive" doses:

**THE CHILDREN'S HOSPITAL.**—We were not able to be present at the Dedication of the Children's Hospital. Dr. H. H. A. Beach furnishes us with the following account of the Proceedings, and also a description of the Institution.

The dedication of the "Children's Hospital" took place Aug. 3d, at 11, A.M.; the exercises consisted of:—

Introductory remarks by Nath'l Thayer, President.

Reading selections from Scriptures, by Rev. Rufus Ellis.

Prayer, by Rev. Dr. Robbins.

Address, by Dr. Wm. Ingalls, containing a statement regarding the early history of the Hospital and a warm tribute to Dr. F. H. Brown (the originator), for the zeal displayed in executing the details of organization, and to the "Ladies' Aid Society," whose coöperation had resulted in such signal success.

Benediction.

The cozy little institution, which, before the preparation for these services, presented a very social and inviting appearance, was to-day made doubly attractive by the beautiful display of flowers. Many ladies and gentlemen visited the wards, and evinced great interest in the first quota of little sufferers. The first floor is devoted to the administrative department, and contains the "Reception" Room, "Business Office," "Dispensary," "Dining" and "Bath" Rooms. The medicines are dispensed from a very neat black walnut cabinet made expressly for the hospital. The other three floors are used for wards, which together contain thirty iron beds; the latter for a hospital deserve special commendation, as they are made very firm, of good height for dressings and are easily moved, having been finished with castors. They are all supplied with hair mattresses. The general appearance of the house may be well expressed in three words—neat, apt and thorough.

THE NEW CARNEY HOSPITAL IN BOSTON.—The hospital buildings are three in number—the chapel, a wooden dwelling-house, standing where the site of the main portion of the new building is to be, and a wing of the new building; the latter is used for adults, and the wooden structure for children. On the first floor of the wing are the rooms used for consultation, reception (containing an oil portrait of Mr. Carney), the dispensary (arranged very neatly), and the kitchen, which is only placed here temporarily, as it is intended to have that department occupy the first floor of the main building. The second is occupied by eight well furnished rooms for private patients with separate refectory, bath rooms and water-closets. In the third story, are two large wards, one for medical, the other for surgical male patients; and in the next story is the same arrangements for female patients. Bad cases will not be allowed to disturb other patients, but are assigned to separate apartments. Above, are sixteen rooms for old people who may not be sick,

but come here for a home. The chapel is situated directly in the rear of the grounds for the main building. It is finished in an elegant manner, and will accommodate two hundred people. The altar will always attract attention, being beautiful in design and executed in a superior style. Its cost was in the neighborhood of \$7000. Five very handsome stained glass windows add much to the appearance of the interior. The buildings appear to be constructed in the most thorough and substantial manner—comfort having the precedence everywhere over elegance. The wards and private rooms are all very high, well ventilated and heated by steam. The location of the hospital cannot be surpassed, for the important advantages of height of ground, light and pure air. Separate elevators for food and clothes connect the wards with the kitchen and laundry. The nursing is done by nine Sisters of Charity under the direction of a Sister Superior; their apartments and refectory are situated beneath the chapel. The hospital is now receiving charity patients.

Dr. A. M. POLLOCK in the *New York Medical Journal* claims for the Wire Loop, that it promotes

- "1. Union by first intention *more frequently*.
- "2. Secondary Hemorrhage *less frequently*.
- "3. Equal facility in application.
- "4. The foreign body can be removed from the wound at pleasure.

"I am satisfied from my experience that, if it were only on an equality with the organic ligature in all other respects, except the facility with which it can be removed, it should have a decided preference."

The loop is described in

"CASE II.—December 28, 1860. J. A., Findley township, Allegany County, farmer, aged fifty-four. Senile gangrene, line of demarcation a little above middle of leg; much emaciated and very feeble. Selected the thigh as the proper place to amputate, on account of less danger of the disease attacking the stump, as it was supposed the circulation would be better there than at a lower point. The limb was removed, under the influence of ether, by the flap operation. The femoral artery was not ossified, but cartilaginous. Only one ligature was required, which was applied by passing a long straight needle, armed with iron wire, from the cutaneous surface of the flap through on one side of the artery, and about half an

inch from its cut extremity, and back again from the other side of the artery to the cutaneous surface, about the fourth of an inch from the point of entrance. The needle was then cut off, and the ends of the wire passed through Bozeman's wire-twister, and, after making sufficient traction to arrest the flow of blood, was secured by a few twists. The flaps were securely and accurately held together by numerous pins and gum-loops. On the eighth day the loop was removed, and there was union throughout the stump."

"The method of applying the wire loop has been described in Case II., but for one not familiar with the procedure, two needles would be used more readily. They should be fixed on each end of the wire, and passed from the cut surface of the flap, on opposite sides of the artery, to the cutaneous surface. A slim needle four or five inches long, with a cutting-point, will answer for all cases, and can be passed with the utmost ease. I prefer, however, a needle of the same dimensions without a cutting-point. A good steel darning-needle answers every purpose, and with a needle of this description there is less danger of wounding a vessel which may be in its track. I never disturb the artery in its relation to the surrounding parts, but pass the needle close to its walls, about half an inch from its cut extremity, avoiding, when practicable, the nerve and vein. However, I have frequently included considerable muscular tissue in the loop, and occasionally the nerve and vein, without unpleasant consequences. The points of emergence on the cutaneous surface should be from one fourth to one third of an inch apart, and, after making sufficient traction to arrest the flow of blood, the ends may be twisted together, knotted together, or tied over a small cylinder of gutta serena, or a bit of wooden pencil. If the latter method is adopted, the cylinder should be two or three inches long, to distribute the pressure over a larger surface, and it should be enveloped in lint to prevent excoriation."

**A CASE OF NIGHT BLINDNESS, FROM WORMS IN THE INTESTINAL CANAL, SUCCESSFULLY TREATED.**—By EDWIN C. LEEDON, M.D., of Plymouth, Montgomery Co., Pa.—Several weeks ago a laboring man from Whitmarsh Township, called at my office with his son, a boy of seven years of age, for whom he wished me to prescribe. He stated that the boy was going to school, that he had no difficulty in learning his lessons, and that he got along very well through the day,

but that as soon as night came his eyesight failed, so that he could not discern objects; that he would run against tables, chairs, and other things, that it was dangerous for him to move about, and that he was afraid that the boy would become totally blind.

There was no indication of disease about the boy. Indeed, he looked sturdy and robust. His eyes presented no peculiarity. Upon taking him to the window, the pupils probably did not contract quite so much as they do in persons whose eyes are unaffected. But I could not be certain that there was much difference.

Upon making particular inquiry, I ascertained that he exhibited, at times, some of the symptoms of worms. Therefore, I concluded to commence the treatment by giving some anthelmintic, and I prescribed as follows: *R. Pulv. spigel. mariland. ʒj.*; Divide in chart. vi. One of these powders to be given to the boy three times a day for two days in succession, and to be followed on the morning of the third day by six grains of calomel.

I requested the father to call again in about a week, but I saw nothing of him or his son until a short time since, when the man called on me, and stated that the boy, after he had taken the medicine, discharged a great number of worms, some of which were of very large size, and that his eyesight had returned; that he had tested it in various ways, and that it was as perfect as ever.—*American Journal of Med. Sciences.*

**A GRATIFYING APPOINTMENT.**—Readers of the Journal will recollect that a year or two since we spoke highly of the efforts of Rev. E. O. Haven, D.D., LL.D., President of the University of Michigan, for his powerful and unanswerable argument against the introduction of a homœopathic chair into the medical department of that Institution. The profession of the Northwest owe him a debt of gratitude for warding off, for the time being at least, so foul a disgrace from a medical college. We are gratified, exceedingly, in noticing that he has been elected President of the Northwestern University, at Evanston, our beautiful neighboring suburban town. He has resigned his position at Ann Arbor, and will soon enter upon the discharge of the duties of his new position.—*Chicago Medical Journal.*

**BIOSTATIC IMMUNITES OF THE JEWS.**—M. Legoyt terminates with the following conclusions an elaborate paper which he re

cently read at the Paris Statistical Society on "Certain Biostatic Immunities of the Jewish Race in Europe:"—

"The facts which are here collected, and which are nearly all derived from official sources, are almost unanimous in demonstrating that the Jewish race is distinguished from the other European races, in a biostatic point of view, by the following phenomena:—1. Its general fecundity is less. 2. So is it, at least as a general rule, with regard to its legitimate fecundity. 3. It is especially so in relation to its natural or illegitimate fecundity. 4. In an equal number of births, there are fewer children born dead, which indicates that the Jewish woman passes through her period of gestation more favorably than the Christian woman. 5. But the most remarkable privilege of the Jews is, without contradiction, their relative low mortality, and that even when they are members of the lowest classes of society. This lesser mortality is not (and we cannot too much insist on this point) the natural consequence of a lesser fecundity, as, with an equal number of births, they count fewer deaths, and that by calculating on Halley's method—that is, in supposing the births equal to the deaths (taking place at the same ages)—it is found that they have a mean and probable life which is longer than that of the autochthonic races. It would not be correct to say that this difference in mortality is due to a large relative preponderance of adults, since in Prussia, which is the only country in which this portion of the population has been enumerated by age, there is found to be a greater number of children in it than in the Catholic and Evangelical population. 6. We have, moreover, seen that, as a consequence of this characteristic physical aptitude, the Jewish race becomes acclimatized everywhere, and propagates itself under every latitude. 7. Finally, we have shown that the Jews are possessed of a special aptitude enabling them to struggle against infected media, and protecting them against contagious diseases."

After discussing the various explanations of these immunities offered by different observers, M. Legoyt states that he believes the greater longevity of this race may be explained by the following considerations: 1. The Jews marry earlier than the Christians, and thus derive at an earlier age the advantages which statistics show are incident to the married state. Still, from their well-known prudence and circumspection, it is not to be supposed that they enter upon this until prepared to meet its exigen-

cies. Among them hasty and rash marriages, which are alike harmful to the health of parents and children, are rare. 2. The fecundity being less, they can pay much more attention to the preservation of their children. 3. By reason of the small number of illegitimate children they have, they escape the exceptional mortality which sweeps away such children. 4. The Jew does not pursue any calling which demands very hard labor. He is neither an agriculturist, a laborer, mechanic, sailor, nor miner. Before all things he is the shop-keeper, merchant, banker, artist, *savant*, man of letters, or public functionary. 5. The Mosaic law contains ordinances which, being purely hygienic, must exercise a favorable influence on the health—e.g., the verification of the condition of slaughtered animals, the frequency of ablution, the practice of circumcision, and the separation from the husband until a week after menstruation, etc. 6. The strength of the family feeling among the Jews. It is only when it is absolutely impossible, and without distinction of rank, that a Jewish woman does not suckle her child. The children, too, are the objects of incessant and most vigilant care, which indeed is returned by the respect and solicitude which these manifest for their parents, especially when aged or infirm. This is probably one cause of the rarity of suicide among the Jews. 7. The sobriety of the Jews is incontestable. 8. Throughout the entire Jewish community, a warm feeling of charity for the indigent and miserable prevails. 9. The religious Jew is remarkable for his great serenity of mind, and his deep-seated faith in Providence and the high destinies of his race. The constancy, the *pérennité* of the Jewish temperament, is well reflected in his religious faith, which has remained immovable for so many ages. 10. The morality of the Jews, as deduced from criminal statistics, seems to be real, and is only an indication of those regular habits of life which exercise so great an influence on the duration of life."—*London Medical Times and Gazette*.

ICE IN AFFECTIONS OF THE TESTICLE.—Diday (*The Annales*) employs ice in some of the affections of the testicular apparatus: 1st, In orchitis, sometimes complicated by blennorrhagic epididymitis, he finds it serviceable; 2d, In testicular neuralgia; 3d, In certain states in which pain continues the predominant feature.—*Dublin Medical Press and Circular*.

## Medical Miscellany.

**MEDICAL HOSTILITIES IN DOG-DAYS.**—The heated term has been rife with deeds of personal violence. It has also filled various medical journals with warlike words, indicating lesions of the *calamus scriptorius*, which, if not productive of "sanguinary (sanguineous) effusions" (vide "corpora testiformia," JOURNAL of April 15th), would seem to be capable of giving fits equal to the Guinea-pig convulsions of Brown-Séquard.

We learn that Dr. J. W. Graves, having been appointed Superintendent and Physician to the Lowell Hospital, has resigned the like situation at the U. S. Marine Hospital, Chelsea, which he has held for several years past. He has accepted the appointment at Lowell, the city of his former residence.

**DEATHS IN THE CITY OF PROVIDENCE, R. I., DURING THE MONTH OF JULY, 1869.**—Whole number, 125. . . . . We are treated at this season of the year with the usual amount of cautions in the newspapers against the use of fruits and vegetables, and are called upon to believe that the increase of mortality which always occurs, during hot weather, is almost wholly caused by eating them. It is quite likely that eating unripe and wilted fruits and vegetables causes disturbance in the stomach and sickness; but it is of a temporary character, and would generally cure itself if no other cause was present. It is quite well to use caution in the selection of fruit and vegetables, avoiding those that are wilted and decayed, but it is not well to be unnecessarily troubled and frightened about them, and it is still worse to avoid them altogether.

The slightest examination of the causes of death given above, shows that fruit and vegetables had almost no influence whatever in the mortality reported from summer complaints. Nearly all the decedents from these causes were very young children who do not eat fruit and vegetables at all. All but five of the decedents from summer complaints, in July, were under two years of age, and only two of the whole number were over four years of age.

In certain seasons, when epidemic cholera may be present, and when the systems of the people may be prepared for disease by the poisoned air they breathe, it may be possible that wilted fruit and vegetables may be the exciting causes of fatal sickness; but even then the air that is breathed is more truly the cause of death than the food that is eaten. In ordinary seasons, when no epidemic is present, impure air causes a thousand fold more mortality than fruit and vegetables. In fact, it is probable that total abstinence from fruit and vegetables by the whole community would produce more fatal sickness than the most unlimited indulgence in them. The safest rule is, however, temperance in all things.

EDWIN M. SNOW, M.D.,

Superintendent of Health and City Registrar.

**DEATH FROM SNAKE-BITE AFTER INJECTION OF AMMONIA INTO THE VEINS.**—We make no

apology for extracting from the Sydney papers the following particulars relative to a case of fatal snake-bite:—"The woman who died at Vaulouse, near Sydney, on Wednesday morning, Feb. 24th, from the bite of a black snake received on the previous Monday, was subjected to Dr. Halford's remedy of injecting ammonia into the veins. The application was made some hours after the bite had been inflicted, but the unfortunate victim did not rally. Mr. Fisher was indefatigable in his efforts to counteract the effects of the poison, and it was hoped up to Tuesday night that the woman would recover. Drs. Nathan and Walker attended and applied the injection of ammonia. On the certificate of these gentlemen, it has been decided that no inquest is necessary; but in view of the peculiar interest of the case, we think the absence of a coroner's inquest is much to be regretted."—*Sydney Empire*.

The *Sydney Morning Herald* states "that Mr. Fisher scarified the punctures and then applied ammonia and ipecacuanha to the wounds, putting a ligature above the hand (the part bitten); ammonia and brandy (in what quantities is not stated) were also administered at intervals, and the woman was kept walking about for some two hours. At this stage Drs. Nathan and Walker arrived, and took charge of the patient, whom they considered to exhibit favorable symptoms, and on the day following she was thought to be out of danger."—*Australian Medical Gazette*.

## MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic, 10 A.M., Surgical Lecture. 9 to 11 A.M., Boston Dispensary. 9-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10 A.M., Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted.—Report of Cases at City Hospital.—Safety-valve Function of the Right Ventricle.—Uterine Displacement as a Cause of Exophthalmic Goitre.—Water Melon vs. Diarrhoea.

**DEATHS IN BOSTON for the week ending August 7, 1869.** Males, 84—Females, 70.—Accident, 4—apoplexy, 3—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 4—bronchitis, 7—cancer, 1—chlorosis, 1—cholera infantum, 43—cholera morbus, 1—consumption, 26—convulsions, 2—diarrhoea, 5—diphtheria, 1—dropsy, 2—dropsy of the brain, 1—dysentery, 3—erysipelas, 2—bilious fever, 1—scarlet fever, 3—typhoid fever, 2—gastritis, 1—disease of the heart, 3—homicide, 1—infantile disease, 2—intussusception, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 2—marasmus, 6—old age, 1—paralysis, 2—premature birth, 1—puerperal disease, 3—rheumatism, 1—scalded, 1—scrofula, 1—disease of the spine, 2—suicide, 1—synovitis, 1—teething, 1—ulcers, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 88.—Between 5 and 20 years, 9.—Between 20 and 40 years, 25.—Between 40 and 60 years, 18.—Above 60 years, 14. Born in the United States, 113.—Ireland, 34—other places, 7.